



New Orleans Federal Executive Board Credit Card/Billing Form

Fax completed form to: (303) 205-3005

NAME OF TRAINING ATTENDING

**PUBLIC SERVICE RECOGNITION WEEK SERVICE
AWARD PROGRAM**

Wednesday, May 6, 2009

** Agency Information **

NAME OF GOVERNMENT AGENCY

ADDRESS:

CITY:

STATE:

ZIP:

** Billing Information **

Please enter the following information exactly as it appears on your credit card statement.

CHECK PAYMENT BY CREDIT CARD TYPE:

OR

CHECK IF PAYMENT BY:
Purchase Order/SF-182

MasterCard

Visa

CARD NUMBER:

EXPIRATION DATE:

NAME:

(as it appears on card)

TELEPHONE:

E-MAIL ADDRESS:

Fax Number:

Authorization/

Signature:

(required)

Date:

** Payment Details **

PAYMENT PROVIDED FOR:

(Provide the names of all attendees below or attach list)

TOTAL ATTENDEES PAID FOR
WITH THIS TRANSACTION

COST OF
TRAINING

TOTAL BILLED
(Total Attendees X Cost)